Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in it		411 -	COVER PAGE LIFORNIA 460 2001/02 FORM
	Statement covers period from07/01/2005	Date of election if applicable: (Month, Day, Year) By	Page PAGE VOTERS	For Only of 65
SEE INSTRUCTIONS ON REVERSE	through12/31/2005	06/06/2006	Deputy	SUPP
Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Quarterly Sta ☐ Special Odd-☐ Supplementa Statement - A	Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Pat Bates for Supervisor	NUMBER 1265511	Treasurer(s) NAME OF TREASURER Betty Presley MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	THE CODE TONE	NAME OF ASSISTANT TREASURER, IF A	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing th under penalty of perjury under the laws of the State of California the Executed on	By Signature of Controll By Signature of Controll By Signature of Controll	algnaured Treasurer of Assistant Treasurer	Responsible Officer of Sponsor e Proponent	and complete. I certify

COVER	PAGE	-PART 2

CALIFORNIA FORM 460

Page 2 of 65

5. Officeholder or Candidate Controlled Co	ommittee	6. Primarily Formed	Ballot Measur	e Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASU			
Patricia Bates		MANUE OF BALLOT MEASU	NE .		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DE Board of Supervisors County of Orange	STRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	i	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP				
				andidate, or state measur	proponent, if any.
.		NAME OF OFFICEHOLDER	R, CANDIDATE, OR F	PROPONENT	
Related Committees Not Included in this	Statement: List any committees				
not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive or candidacy.	OFFICE SOUGHT OR HEL	D	DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER				
Friends of Pat Bates - 2006	1263599	·			
		7 D			
NAME OF TREASURER Betty Presley	CONTROLLED COMMITTEE?	7Primarily Formed	Candidate/Offi	ceholder Committee	List names of
	X YES NO	officerolder(s) or candid	date(s) for which th	his committee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO F	P.O. BOX)	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE	MANE OF OUR	 		OPPOSE
		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER				OPPOSE
		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF TREASURER					SUPPORT OPPOSE
WANTE OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE COVERY CO	-
COMMITTEE ADDRESS STREET ADDRESS (NO P	O. BOX)	·	ON GANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	•				
CITY STATE 2	ZIP CODE AREA CODE/PHONE				
		•	Attach continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	07/01/2005	FORM 40U
through _	12/31/2005	Page _3 of _65
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pat Bates for Supervisor 1265511 Column A **Contributions Received** Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROMAT, TACHED SCHEDULES) Running in Both the State Primary and TOTALTODATE General Elections 173,760.00 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date <u>1</u>,00<u>0</u>.00 20. Contributions 174,760.00 Received \$ 109,160.00 **\$** 64,700.00 100.00 21. Expenditures 174,860.00 Made \$ 72,361.06 **\$** 62,373.69 **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) _____-11,753.77 3,868.75 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 (mm/dd/yy) ____100.00 **Current Cash Statement** To calculate Column B, add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 64,700.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 74,127.46 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 309,443.20 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

wonetary	Contributions Received		whole dollars.	Statement cov			FORNIA DRM	460
	ONS ON REVERSE			through12/31/2	2005	Page	4c	of 65
NAME OF FILER				l				"
Pat Bates f	or Supervisor					I.D. NUI 1265		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D. CALENDAR YEA (JAN. 1 - DEC. 3	R	TO	LECTION DATE QUIRED)
08/25/2005	John S. Adams	⊠IND □COM □OTH □PTY □SCC	Judge County of Orange	35.00	134	1.00	P 06	134.00
09/19/2005	Pamela M. Adams	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	250.00	250	0.00	P 06	250.00
08/25/2005	Sam Allevato	⊠IND □COM □OTH □PTY □SCC	Executive Concordia University	100.00	100	.00	P 06	100.00
07/11/2005	American Medical Response	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,500	.00	P 06	1,500.00
11/15/2005	American Security Bank	□IND □COM 図OTH □PTY □SCC		100.00	100	.00	P 06	100.00
			SUBTOTAL \$	1,985.00				
. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions	of less than \$	\$	62,930.00	i (lividual lecipien	nt Committe	(SCC)
 Total mone 	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colun				SCC - Si	olitical F mall Co	e.g., busine Party entributor Co	ommittee

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

	•	to whole	dollars.	Statement cov		CAL F	IFORNI ORM	⁴ 460
NAME OF FILER				through _ 12/31/2	005	Page	5	of <u>65</u>
Pat Bates f	or Supervisor					I.D. NI 126	JMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		RELECTION TO DATE REQUIRED)
12/07/2005	Charles E. Andersen III	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Finance Management Foamex Int.	50.00	1	00.00	P 06	100.00
11/15/2005	Jack J. Anderson	⊠IND □COM □OTH □PTY □SCC	Public Safety Officer County of Orange	100.00	10	00.00	P 06	100.00
10/27/2005	Scott L. Anderson	XIND □COM □OTH □PTY □SCC	Executive Zenith Specialty Bay	150.00	19	50.00	P 06	150.00
11/03/2005	Liz Anderson Fitzgerald	⊠IND □COM □OTH □PTY □SCC	Real Estate Broker Christies Great Estates	100.00	15	0.00	P 06	150.00
11/15/2005	Edward V. Bannigan	∐COM □OTH	Real Estate Agent Bannigan Real Estate	200.00	20	0.00	P 06	200.00

SUBTOTAL \$

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Type or print in ink.

s Received	Amounts may be rounded		SCHEDULE A (CONT.)		
	to whole dollars.	Statement covers period	CALIFORNIA 460		
		from07/01/2005	FORM 40U		
		through 12/31/2005	Page 6 of 65		
	•		I.D. NUMBER		
			1265511		

			<u> </u>	,	126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	R ELECTION TO DATE REQUIRED)
11/03/2005	Lisa Bartlett	IXIND □ COM	Real Estate Broker	100.00	100.00	P 06	100.00
		□OTH □PTY □SCC	Blue Water Realty & Investments				
12/30/2005	Bomel Construction Company, Inc.	□IND □COM ☑OTH		500.00	500.00	P 06	500.00
10/25/2005	m).	□PTY □SCC					
10/23/2005	Thomas J. Bonkowski	L	Analyst Irvine Ranch Water District	200.00	200.00	P 06	200.00
12/07/2005	David H. Brickner	□SCC	Retired *	1,500.00	1,500.00	P 06	
		□COM □OTH □PTY □SCC	None	•	1,300.00	P 06	1,500.00
08/19/2005	Gwen G Brown	⊠IND □COM □OTH	Homemaker	250.00	1,500.00	P 06	1,500.00
		□PTY □SCC	None				
		·	SUBTOTAL \$	2,550.00	12.7		

*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDU	II F A	(CONT
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Statement covers period	CALIFORNIA AGO
from <u>07/01/2005</u>	FORM 460
through <u>12/31/2005</u>	Page7 of65
	I.D. NUMBER
	1265511

					126.	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
12/20/2005	Gwen G Brown	□COM.	Homemaker	1,050.00	1,500.00	P 06	1,500.00
		□OTH □PTY □SCC	None				
12/07/2005	Joseph Brown	⊠IND □COM □OTH	СЕО	100.00	100.00	P 06	1,500.00
		□PTY □SCC	Midland Management Corp				
09/23/2005	Louis Brown	·⊠IND □COM □OTH	Retired	100.00	100.00	P 06	200.00
		□PTY □SCC	None				
10/25/2005	Robert L. Brown	⊠IND □COM	Financial Planner	100.00	225.00	P 06	225.00
		□OTH □PTY □scc	Tax & Financial Group				
08/25/2005	Wendy Bucknum	∐сом ∣	Legislative Analyst	35.00	135.00	P 06	135.00
,		□OTH □PTY □SCC	Laguna Wood Village				

*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

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OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OUTLIBULE A (COMI.)			
Statement covers period	CALIFORNIA 460			
from07/01/2005	FORM 40U			
through _12/31/2005	Page 8 of 65			
	I.D. NUMBER			
	1265511			

			T T	-	12	65511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
11/15/2005	Wendy Bucknum	XIND □COM □OTH □PTY	Legislative Analyst Laguna Wood Village	100.00	135.00	+	135.00
12/30/2005	California Pacifc Homes, Inc.	□SCC □IND □COM		1,000.00	1,000.00	P 06	1,000.00
08/25/2005	Paybaye Care	☑OTH □PTY □SCC					
~~~~	Barbara Cameron	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Ken Massey Associates	250.00	250.00	P 06	250.00
11/10/2005	Laurie W Casey	⊠IND □COM	Retired .	100.00	100.00	P 06	100.00
09/19/2005	Centex Homes - South Coast	□IND □COM □OTH □PTY □SCC		125.00	125.00	P 06	125.00
			SUBTOTAL\$	1.575.00			

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	1111	IUI	JIOI	Cu	des

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

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(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

NAME OF FILER		to whole		Statement coverage from 07/01/2 through 12/31/2	2005	Page	IFORNIA FORM	A 460
Pat Bates f	or Supervisor						UMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR	PER	ELECTION TO DATE REQUIRED)
11/03/2005	Charter Realty & Investments	□IND □COM ⊠OTH □PTY □SCC		250.00		50.00	P 06	250.00
08/19/2005	CL7 Communications	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	10	00.00	P 06	100.00
09/19/2005	Donald S. Clem	☑IND □COM □OTH □PTY □SCC	Day Trader Donald S. Clem	250.00	50	0.00	P 06	500.00
08/16/2005	Robert J. Close	□сом □отн	Vice President STV Incorporated	250.00	25	0.00	P 06	250.00
07/20/2005	Committee for Improved Public Policy (#860849)	☐ IND						

⊠сом

OTH PTY SCC

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PTY - Political Party

SCC - Small Contributor Committee

100.00

P 06

1,500.00

100.00

SUBTOTAL \$

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

vionetary	Contributions Received	Amounts may b		Statement co	vers period	CALIF	FORNIA	70	7
				from07/01/	2005		ORM	460	y
				through <u>12/31/</u>	2005	Page _	of_	65	_
IAME OF FILER						I.D. NUN	MBER		
Pat Bates fo	r Supervisor		·			12655			
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE	TO DATE	PER ELI	ECTION	

···		1				2211	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-ÉMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	Ì	R ELECTION TO DATE REQUIRED)
08/19/2005	Sandra K. Condello	XIND ☐COM ☐OTH ☐PIY ☐SCC	Homemaker None	100.00	100.00	P 06	100.00
08/05/2005	Connecticut General Life Insurance Co	□IND □COM 図OTH □PTY □SCC		1,000.00	1,000.00	P 06	1,000.00
10/17/2005	Ellen T. Cooley	⊠IND □COM □OTH □PTY □SCC	Homemaker None	100.00	100.00	P 06	100.00
10/25/2005	Cynthia J. Cooper	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker None	150.00	150.00	P 06	150.00
07/08/2005	Stephen P Couig	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COO Capital Pacific Holdings	500.00	500.00	P 06	500.00
			SUBTOTAL \$	1,850.00		L	Jan Maria et a

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  from07/01/2005  through12/31/2005	CALIFORNIA 460
from07/01/2005	FORM 40U
through <u>12/31/2005</u>	Page 11 of 65
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor				ļ	JMBER 5511
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2005	Gene Cox	IND  COM  OTH  PTY  SCC	Vice President  Powerene Division of H.T.I. Tech Ind.	100.00	100.00	P 06 100.00
10/27/2005	William M. Crosby	⊠IND ☐COM . ☐OTH ☐PTY ☐SCC	Attorney William M. Crosby	250.00	375.00	P 06 375.00
09/19/2005	William Cvengros	⊠IND □COM □OTH □PTY □SCC	Consulting William Cvengros	250.00	250.00	P 06 1,350.00
10/27/2005	Dalton Enterprises, Inc.	□IND □COM 図OTH □PTY □SCC		100.00	100.00	P 06 100.00
08/25/2005	Suzanne C. Danis	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P 06 100.00
			SUBTOTAL \$	800.00	and the second of the second	

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Type or print in ink.

Amounts may be rounded to whole dollars.

	(CONT)

Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 40U
through <u>12/31/2005</u>	Page 12 of 65
	I.D. NUMBER
	1265511

Pat Bates f	or Supervisor					265511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE IF REQUIRED)
12/07/2005	Datalogic Consulting, Inc.	□IND □COM ☑OTH □PTY □SCC	· · · · · · · · · · · · · · · · · · ·	1,500.00	1,500.0	0 P 06	1,500.00
09/19/2005	David A. Celestin & Associates	□IND □COM ⊠OTH □PTY □SCC		100.00	225.0	0 P 06	425.00
08/25/2005	Ruth E. De Nault	IND  COM  OTH  PTY  SCC	Owner  De Nault Hardware	100.00	100.0	0 P06	100.00
11/10/2005	Deborah Hoskinson, CPA PS	☐IND ☐COM 図OTH ☐PTY ☐SCC	•	200.00	200.0	D P 06	200.00
10/27/2005	Digikon USA Inc	□IND □COM ③OTH □PTY □SCC		250.00	250.0	P 06	250.00
			SUBTOTAL \$	2,150.00			

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through _12/31/2005	- Page 13 of 65
	I.D. NUMBER
	1265511

			T		126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
10/27/2005	Joanne Dimas	⊠IND □COM □OTH □PTY □SCC	Executive  Medix Ambulance	200.00	200.00	P 06	200.00
09/02/2005	Disney Worldwide Services Inc	☐IND ☐COM . 図OTH ☐ PTY ☐SCC		-150.00	100.00	P 06	1,500.00
12/07/2005	Donald E. Moe, Inc.	□IND □COM 図OTH □PTY □SCC	·	50.00	250.00	P 06	250.00
08/19/2005	Adele Donato	⊠IND □COM □OTH □PTY □SCC	Retired None	35.00	135.00	P 06	135.00
10/23/2005	Adele Donato	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	100.00	135.00	P 06	135.00
			SUBTOTAL \$	235.00		<u>I</u>	

*Contributor Codes

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Pat Bates for Supervisor

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PTY - Political Party

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	Page 14 of 65  I.D. NUMBER
through <u>12/31/2005</u>	Page 14 of 65
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor					. NUMBER 265511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE REQUIRED)
10/27/2005	Patricia S. Douglass	⊠IND □COM □OTH □PTY □SCC	Vice President, Government Relations Pacific Life Insurance	150.00	150.	00 P 06	150.00
08/19/2005	G Wayne Eggleston	⊠IND □COM □OTH □PTY □SCC	Real Estate Appraiser G Wayne Eggleston	70.00	195.(	0 P 06	195.00
08/19/2005	Rod Eide	⊠IND □COM □OTH □PTY □SCC	President Sheet Metal Works	200.00	200.(	0 P06	450.00
11/15/2005	Environ Strategy Consultants, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC	•	500.00	500.0	0 P06	500.00
12/30/2005	Randall L. Erickson	□сом □отн	Attorney Crowell & Moring LLP	100.00	100.0	0 P06	100.00
			SUBTOTAL \$	1,020.00			

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDU	l F A	(CONT

Statement covers period  from 07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page 15 of 65
	I.D. NUMBER
	1266611

Pat Bates fo	or Supervisor		•		ļ	NUMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR		ER ELECTION TO DATE
11/15/2005	Kira W. Erquiaga	⊠IND □COM □OTH □PTY □SCC	OFBUSINESS)  Sales Clopay Garage Doors, Inc.	200.00	(JAN. 1 - DEC. 31)		F REQUIRED)
10/25/2005	Farino Construction Services	□IND □COM ☑OTH □PTY □SCC		250.00	350.0	) P 06	350.00
12/07/2005	Farino Construction Services	□IND □COM 図OTH □PTY □SCC		100.00	350.00	P 06	350.00
12/07/2005	Federal Disposal Service	□IND □COM 図OTH □PTY □SCC		1,500.00	1,500.00	P 06	1,500.00
12/07/2005	Ferrucci Properties, LLC	□IND □COM 図OTH □PTY □SCC		1,500.00	1,500.00	P 06	1,500.00
			SUBTOTAL \$	3,550.00		<u> </u>	tara -

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through12/31/2005	- Page 16 of 65
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor					1.D. NO		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	ÆAR		RELECTION FODATE REQUIRED)
10/27/2005	John V. Foley	⊠IND □COM □OTH □PTY □SCC	General Manager Moulton Niguel Water	150.00	35	0.00	P 06	350.00
12/22/2005	Kevin Franklin	IND  COM  OTH  PTY  SCC	President Orange Coast Building Services	1,500.00	1,50	0.00	P 06	1,500.00
11/03/2005	Marcia S. Gaboury	☑IND □COM □OTH □PTY □SCC	Homemaker	200.00	20	0.00	P 06	200.00
08/25/2005	Brad L. Gates	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	10	0.00	P 06	100.00
10/27/2005	Geo Syntec Consultants	□IND □COM ⊠OTH □PTY □SCC		250.00	50	0.00	P 06	500.00
			SUBTOTAL \$	2,200.00				

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PTY - Political Party

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Amounts may be rounded to whole dollars.

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Statement covers period from 07/01/2005	CALIFORNIA 460
through 12/31/2005	Page17 of65
	I.D. NUMBER
	1265511

Pat Bates for Supervisor FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT CONTRIBUTOR **CUMULATIVE TO DATE** PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CODE * TODATE (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 11/03/2005 Gus G. Gialamas X IND Orthopedic Surgeon 150.00 150.00 P 06 ПСОМ 150.00 Потн Seaview Orthopedics □ PTY □ SCC 08/05/2005 Robert Gillies XIND Retired 100.00 P 06 СОМ 300.00 400.00 □OTH ☐ PTY None □scc 10/17/2005 Robert Gillies X IND Retired 100.00 300.00 P06 400.00 ПСОМ □OTH None □ PTY □scc 08/25/2005 E. Bridget Gould XIND Homemaker 300.00 300.00 P06 300.00 COM □отн None □ PTY SCC 11/10/2005 GPM Management Services Corp 100.00 350.00 P06 600.00 ПСОМ X)OTH □ PTY SCC SUBTOTAL \$

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

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				from07/01/2	005	. F	ORM	400
				through <u>12/31/2</u>	005	Page.	18	of65
NAME OF FILER		······				I.D. NL	IMBER	
Pat Bates fo	or Supervisor					1265		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		R ELECTION TO DATE REQUIRED)
11/10/2005	James Graham	☑IND □COM □OTH □PTY □SCC	Auto Dealer Santa Margárita Ford	200.00	2	00.00	P 06	200.00
10/27/2005	Frank Greinke	⊠IND □COM □OTH □PTY □SCC	CEO SC Fuels	1,500.00	1,5	00.00	P 06	1,500.00
10/27/2005	Margaret A Greinke	☑IND □COM □OTH □PTY □SCC	Homemaker None	1,500.00	1,5	00.00	P 06	1,500.00
08/25/2005	Rose Marie Gross	☑IND □COM □OTH	Sales Manager Shelby's Car Alarms	70.00	2	70.00	P 06	270.00

Retired

SUBTOTAL \$

None

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СОМ

□PTY. □SCC

*Contributor Codes

IND - Individual

08/19/2005

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

Ann Hagerty

PTY - Political Party

SCC - Small Contributor Committee

100.00 P06

100.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  from07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page 19 of 65
	I.D. NUMBER
	1265511

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
10/27/2005	Harrington Geotechnical Engineering Inc	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	250.00	P 06	250.00
09/19/2005	Harris & Associates	□IND □COM ②OTH □PTY □SCC		250.00	250.00	P 06	750.00
11/15/2005	Hatton, Petrie & Stackler APC	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00
10/11/2005	Standiford Helm	⊠IND □COM □OTH □PTY □SCC	Physician Standiford Helm MD Inc.	250.00	250.00	P 06	250.00
12/30/2005	Hillcrest Contracting, Inc.	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	P 06	100.00
			SUBTOTAL \$	2,350.00			

*Contributor (	Codes
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IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

y samulations recorred	to whole dollars.	Statement covers period  from07/01/2005	CALIFORNIA 460
AME OF FILER		through <u>12/31/2005</u>	Page
at Bates for Supervisor	·		I.D. NUMBER
			1265511

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	Γ	ELECTION O DATE REQUIRED)
08/19/2005	HOK, Inc/Hellmuth Obata & Kassabaum	□IND □COM 図OTH □PTY □SCC		500.00	500.00	P 06	500.00
08/25/2005	William M. Huber	⊠IND □COM □OTH □PTY □SCC	Assistant Manager City of San Juan Capistrano	100.00	150.00	P 06	150.00
10/27/2005	Lee Huessener	⊠IND □COM □OTH □PTY □SCC	Financial Consultant  A.G. Edwards	100.00	100.00	P 06	100.00
11/14/2005	Infiniti of Mission Viejo	□IND □COM ⊠OTH □PTY □SCC		500.00	500.00	P 06	500.00
10/27/2005	Inland Group inc	□IND □COM ③OTH □PTY □SCC	•	500.00	700.00	P 06	850.00
			SUBTOTAL \$	1,700.00			

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PTY - Political Party

Type or print in ink. *
Amounts may be rounded

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nonctary contributions Received		to whole d		Statement covers period			ORNIA	460	ı
				from07/01/2	005	FO	RM	400	
-				through <u>12/31/2</u>	005	   Page	of	65	
IAME OF FILER				<del> </del>		I.D. NUM	BED	<del></del>	4
Pat Bates fo	r Supervisor		•			12655			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO	_		ECTION	_

			T			03311	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
08/25/2005	Albert Iten	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	135.00	435.0	D P 06	635.00
11/15/2005	Albert Iten	⊠IND □COM □OTH □PTY □SCC	Retired None	200.00	435.0	D P 06	635.00
07/11/2005	Jacobs Civil Inc.	□IND □COM 図OTH □PTY □SCC		250.00	250.0	) P 06	250.00
12/07/2005	James F. McConnell Attorney at Law	□IND □COM 図OTH □PTY □SCC	· .	500.00	750.0	) P06	750.00
08/25/2005	Kelene L. Johnson	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Planning Commission City of San Clemente	110.00	235.0	P 06	235.00
			SUBTOTAL \$	1 705 00			

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CON	(TV	
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Statement covers period	CALIFORNIA 460
from <u>07/01/2005</u>	FORM 400
through <u>12/31/2005</u>	Page 22 of 65
	I.D. NUMBER

Pat Bates fo	or Supervisor				126	55511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	EAR TO DATE	
11/03/2005	Kelene L. Johnson	⊠IND □COM □OTH □PTY □SCC	Planning Commission City of San Clemente	125.00	235.00	P 06	235.00
08/19/2005	K T Community Relations	□IND □COM ☑OTH □PTY □SCC		100.00	100.00	P 06	100.00
12/07/2005	Donna K. Kalez	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Proprietor  Dana Wharf Sport Fishing	250.00	500.00	P 06	500.00
08/25/2005	Harold R. Kaufman	∑IND ☐COM ☐OTH ☐PTY ☐SCC	Settlement Broker  EPS Settlements Group	100.00	300.00	P 06	600.00
12/07/2005	KEC Engineering	☐IND ☐COM ②OTH ☐PTY. ☐SCC		500.00	500.00	P 06	500.00
			SUBTOTAL \$	1,075.00		1	The state of the s

*Contributor Codes

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SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

monetary contributions received	to whole dollars.	Statement covers period  from07/01/2005	CALIFORNIA 460	
NAME OF FILER		through _12/31/2005	Page 23 of 65	
NAME OF FILER			I.D. NUMBER	1
Pat Bates for Supervisor			1265511	

	T				126	551±	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CALENDAR YEAR TO D	
08/19/2005	Mary S. Kehoe	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P 06	100.00
12/29/2005	KHovnanian Homes South Coast Area	□IND □COM □OTH □PTY □SCC		1,500.00	1,500.00	P 06	1,500.00
10/23/2005	Steven C. Knoblock	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Sr. Vice President Fidelity National Financial	150.00	200.00	P 06	200.00
12/22/2005	Laguna Lending Group, Inc.	□IND □COM 図OTH □PTY □SCC		1,500.00	1,500.00	P 06	1,500.00
08/19/2005	Barbara Lanni	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker . None	200.00	200.00	P 06	200.00
			SUBTOTAL \$	3,450.00	the second second		

*Contributor Codes

IND - Individual

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PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

100.00

				from07/01/2	2005	F	ORM	400
NAME OF FILER				through12/31/2	1005	Page.	24	of <u>65</u>
Pat Bates f	or Supervisor					I.D. NL	IMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	7	RELECTION FO DATE REQUIRED)
12/22/2005	Susan Larson	⊠IND □COM □OTH □PTY □SCC	President Seabreeze Management	500.00	50	00.00	P 06	500.00
08/25/2005	Kathleen Lechner	☑IND □COM □OTH □PTY □SCC	Artist	100.00	12	5.00	P 06	125.00
11/03/2005	James E. Lendino	☑IND □COM □OTH □PTY □SCC	Sales Yellow Page Media, Inc.	100.00	15	0.00	P 06	150.00
12/07/2005	Loveton Pharmacy, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	22	5.00	P 06	425.00
11/03/2005	Thomas Lund	XIND	Dentist '	100.00				

Thomas Lund, DDS

SUBTOTAL \$

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☐PTY. □scc

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

300.00 P06

600.00

Maguire Properties, L.P.

Viviane J. Mann

Carla Marvin

Type or print in ink. *
Amounts may be rounded to whole dollars.

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1,500.00

100.00

200.00

CALIFORNIA ACO

Statement covers period

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200.00

3,120.00

	•			from07/01/2	005	F	ORM	460
NAME OF FILER				through _ 12/31/2	005	Page.	25	of 65
	or Supervisor	<del> </del>				I.D. NU 1265	MBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	1	R ELECTION TODATE REQUIRED)
08/25/2005	Patricia B. MacDonald	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	70.00	3.	70.00	P 06	370.00
10/25/2005	Angus MacPherson	⊠IND □COM □OTH □PTY	President IDNA Construction	1,250.00	1,2!	50.00	P 06	1,250.00

Homemaker

Civil Engineer

LaBelle Marvin Inc

**SUBTOTAL\$** 

*Contribi	utor	Codes

IND - Individual

10/27/2005

09/19/2005

11/10/2005

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

1,500.00 P06

100.00 P06

P 06

200.00

Type or print in ink.

Amounts may be rounded

SCH	EDI	ULE	A	CONT.

mentally contributions (cocyted	to whole dollars.	Statement covers period	CALIFORNIA 460
	•	from07/01/2005	FORM 40U
NAME OF SUCO		through <u>12/31/2005</u>	Page26 of65
NAME OF FILER			I.D. NUMBER
Pat Bates for Supervisor			1265511

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ļ	R ELECTION TO DATE REQUIRED)
12/07/2005	Master Plan Developments, Inc.	□IND □COM ⊠OTH □PTY □SCC		1,500.00	1,500.00	P 06	1,500.00
10/25/2005	Marjorie Ann matsil	⊠IND □COM □OTH □PTY □SCC	Executive Assistant Western Digital	100.00	100.00	P 06	100.00
08/25/2005	Bonnie J. Maxey	IND  COM  OTH  PTY  SCC	Homemaker None	200.00	200.00	P 06	200.00
08/25/2005	Penny M. Maynard	⊠IND □COM □OTH □PTY □SCC	CEO DP Chamber of Commerce	100.00	150.00	P 06	150.00
12/07/2005	Michael McGraw	⊠IND □COM □OTH □PTY □SCC	CEO . The McGraw Group	1,500.00	1,500.00	P 06	1,500.00
			SUBTOTAL \$	3,400.00	and the second second second	<u></u>	

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SCHEDULE A (CONT.)

-	Statement covers period	CALIFORNIA 460
	from07/01/2005	FORM 400
	through _12/31/2005	- Page27 of65
		I.D. NUMBER
•		1265511

Pat Bates fo	or Supervisor	<del></del>			ŀ	JMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	YEAR TO	
08/19/2005	Robert Donald McIntyre	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of R. Donald McIntyre	100.00	500.00	P 06	500.00
10/17/2005	Robert Donald McIntyre	☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of R. Donald McIntyre	100.00	500.00	P 06	500.00
11/03/2005	Robert Donald McIntyre	☑IND □COM □OTH □PTY □SCC	Attorney  Law Offices of R. Donald McIntyre	200.00	500.00	P 06	500.00
08/19/2005	T.D. McMahon	⊠IND □COM □OTH □PTY □SCC	Commercial Real Estate Grubb & Ellis	100.00	300.00	P 06	450.00
10/25/2005	Medix Ambulance Service, Inc.	□IND □COM 図OTH □PTY □SCC		100.00	100.00	P 06	1,500.00
			SUBTOTAL \$	600.00			

*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OUTEDOLE A (CONT.)
Statement covers period	CALIFORNIA 460
from 07 <u>/01/2005</u>	FORM 40U
through <u>12/31/2005</u>	Page 28 of 65
	I.D. NUMBER

NAME OF FILER

Pat Bates for Supervisor

					126	55511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
08/25/2005	Daniel Merkle	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Lexipol, LLC	100.00	100.00		100.00
10/27/2005	Marcia Milchiker	⊠IND □COM □OTH □PTY □SCC	Board of Trustees  South O.C. Community College District	100.00	100.00	P 06	250.00
11/03/2005	Robert J. Miller	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	350.00	P 06	350.00
08/19/2005	John Minott	□сом Потн	Partner Lange & Minnott	135.00	135.00	P 06	135.00
08/05/2005	Harriet Moidel	□сом Потн	Retired '	100.00	100.00	P 06	100.00
			SUBTOTAL \$	535.00		<u> </u>	100

*Contributor Codes

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. ' Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

CALIFORNIA A

Statement covers period

100.00

SUBTOTAL \$

	•		donars.	from07/01/2	005	F	ORM	460				
NAME OF FILER				through <u>12/31/2</u>	005	Page .	29	of65				
	or Supervisor .	<b>,</b>				I.D. NU						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR		R ELECTION TO DATE REQUIRED)				
11/03/2005	A. Patrick Munoz	☑IND □COM □OTH □PTY □SCC	Attorney Rutan & Tucker	250.00	,		250.00 P		250.00 P 06		250.00	
11/03/2005	Norman P. Murray	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	20	00.00	P 06	200.00				
08/25/2005	Mark J Nielsen	⊠IND □COM □OTH □PTY □SCC	Executive ISD Corp	200.00	20	00.00	P 06	700.00				
11/10/2005	Forrest F. Owen	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	200.00	1,02	25.00	P 06	1,025.00				

□IND

□СОМ **⊠**OTH PTY □scc

*Contributor Codes

IND - Individual

08/25/2005

COM - Recipient Committee

(other than PTY or SCC)

Pacific Environmental Planning

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

325.00 P 06

325.00

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

The state of the s	to whole		Sta	atement covers period	CALIF	ORNIA	AG	<b>a</b>
	•		from _	07/01/2005	FC	ORNIA ORM	400	U .
NAME OF FILER			througi	n_12/31/2005	Page _	of	65	-
Pat Bates for Supervisor		•			I.D. NUN	MBER		
Total Total Supplication					12655	511		1
<b>F</b>			T		<del></del>			

						1265511			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  AMOUNT RECEIVED THIS CALENDAR YEAF PERIOD (JAN. 1 - DEC. 31			'	R ELECTION TO DATE REQUIRED)		
11/03/2005	George J. Pagano	IND  COM  OTH  PTY  SCC	Real Estate Broker Prudential CA Realty	100.00	475.00	P 06	975.00		
10/27/2005	Melissa M. Palencia	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Area Mall Manager Simon Property Group	150.00	150.00	P 06	150.00		
08/16/2005	Stephen J. Pare	☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Washington Group International	250.00	250.00	P 06	250.00		
10/17/2005	Paul Hamilton Professional Corp	□IND □COM ☑OTH □PTY □SCC		250.00	550.00	P 06	550.00		
10/09/2005	Beth Pearce	□сом	Film Maker  Voice of the Victims	300.00	300.00	P 06	300.00		
			SUBTOTAL \$	1,050.00					

*Contributor Codes

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OTH – Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

Pat Bates for Supervisor

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  from 07/01/2005	CALIFORNIA FORM 460
through12/31/2005	Page31 of65
	I.D. NUMBER
	1265511

	L Supervisor		*		1265	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
08/19/2005	Peartree Land Management Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,000.00	1,000.00	P 06	1,000.00
11/03/2005	Robert Frank Pence	⊠IND □COM □OTH □PTY □SCC	Executive Pence-Friedel Developers, Inc.	1,000.00	1,000.00	P 06	1,000.00
12/30/2005	Penco Engineering, Inc.	□IND □COM 図OTH □PTY □SCC		200.00	200.00	P 06	200.00
11/03/2005	Ronald Perrella	⊠IND □COM □OTH □PTY □SCC	Marketing Consultant Ron Perrella DRS	100.00	300.00	P 06	300.00
10/17/2005	Virginia L. Pillsbury	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	100.00	100.00	P 06	100.00
			SUBTOTAL \$	2,400.00	and the second second		

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(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

•		to whole dollars.	Statement covers period	CALIFORNIA ACO
			from07/01/2005	FORM 460
NAME OF FILER			through <u>12/31/2005</u>	Page32 of65
Pat Bates for	Supervisor			I.D. NUMBER 1265511
	FULL NAME CIDETT ADDRESS AND THE SAME			

		· · · · · · · · · · · · · · · · · · ·			126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	R ELECTION TO DATE REQUIRED)
12/30/2005	Pirzadeh & Associates, Inc.	□IND □COM ⊠OTH □PTY □SCC		100.00	100.00	P 06	100.00
12/29/2005	Timothy Psomas	⊠IND □COM □OTH □PTY □SCC	President Psomas Co	250.00	250.00	P 06	250.00
10/27/2005	Walter Quesada	⊠IND □COM □OTH □PTY □SCC	Engineer Moffatt & Nichol	100.00	100.00	P 06	100.00
08/25/2005	Rancho Sierra Vista Corp	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P 06	250.00
10/27/2005	RBF Consulting	□IND □COM ③OTH □PTY. □SCC	•	250.00	500.00	P 06	1,500.00
			SUBTOTAL \$	950.00	i i i i i i i i i i i i i i i i i i i	Tana	

*Contributor Codes

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OTH – Other (e.g., business entity) PTY – Political Party

NAME OF FILER

Type or print in ink. *
Amounts may be rounded to whole dollars.

SCHEDUL	⊏Δ	(CONT)
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Statement covers period		CALIFORNIA 460				
	through _12/31/2005	Page33 of65				
		I.D. NUMBER				
		1 106551				

Pat Bates for Supervisor 1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CODE * CALENDAR YEAR TODATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 11/03/2005 Recupero & Associates, Inc. 100.00 100.00 P 06 100.00 ПСОМ HTOK ☐ PTY SCC 10/17/2005 Carl H. Reinhart XIND Real Estate Broker 250.00 250.00 P 06 ПСОМ 250.00 Потн Peninsula Inv Real Estate □ PTY □scc 10/23/2005 Susan E. Ritschel X IND Commercial Real Estate 150.00 150.00 P 06 □сом 150.00 **□OTH** Davenport Partners PTY □scc 10/23/2005 Mario Rodriguez XIND Executive 200.00 450.00 P06 450.00 Псом ПОТН Johnathan Gray & Assoc PTY □scc 12/22/2005 Steve Roy XIND Vice President 1,000.00 1,000.00 P06 1,000.00 ПСОМ □OTH Golf Course Solutions PTY □ SCC

SUBTOTAL \$

1,700.00

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PTY – Political Party
SCC – Small Contributor Committee

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

,	to whole dollars.	from07/01/2005	FORM 460
NAME OF FILER	•	through12/31/2005	Page 34 of 65
Pat Bates for Supervisor			I.D. NUMBER 1265511

	of depervisor	<del>,</del>			126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
11/10/2005	Janice Saenz	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Developer Carlos Saenz Co	200.00	200.00	P 06	250.0
10/27/2005	Eden Saunders	⊠IND □COM □OTH □PTY □SCC	Homemaker None	150.00	150.00	P 06	150.00
10/27/2005	John Saunders	⊠IND □COM □OTH □PTY □SCC	President Saunders Property Co.	-100.00	1,400.00	P 06	1,500.0
10/27/2005	John Saunders	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	President Saunders Property Co.	525.00	1,400.00	P 06	1,500.00
09/19/2005	Savala Construction Co, Inc.	□IND □COM ③OTH □PTY. □SCC	,	500.00	700.00	P 06	1,100.00
			SUBTOTAL \$	1,275.00		1	

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Type or print in ink. *
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 400
through <u>12/31/2005</u>	Page 35 of 65
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor				Ì	. NUMBER 265511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	- 1	PER ELECTION TO DATE (IF REQUIRED)
08/05/2005	Seabreeze Management Co., Inc	□IND □COM ⊠OTH □PTY □SCC		1,000.00	1,000.	00 P 06	1,000.00
10/27/2005	Sepulveda Building Materials	□IND □COM ⊠OTH □PTY □SCC		150.00	275.4	00 P 06	625.00
12/30/2005	Shea Homes	□IND □COM ☑OTH □PTY □SCC		100.00	100.6	00 P 06	1,500.00
08/19/2005	Patricia L. Short	☑IND □COM □OTH □PTY □SCC	Realtor ERA Fine Homes	100.00	100.0	0 P 06	100.00
11/15/2005	Nguyet K. Silke	☑IND □COM □OTH □PTY □SCC	Executive Nguyet Silke	200.00	200.0	0 P 06	200.00
			SUBTOTAL \$	1,550.00	and House to the second		

*Con	tribu	tor (	Cod	les
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IND - Individual

NAME OF FILER

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

Pat Bates for Supervisor

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 40U
through <u>12/31/2005</u>	Page36 of65
	I.D. NUMBER
	1265511

<del></del>					1265511		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/17/2005	Katy Derby Smiser	IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	100.00	100.00	P 06	100.00
07/08/2005	Dana Smith	⊠IND □COM □OTH □PTY □SCC	Owner  Dana Capital Group Inc	1,500.00	1,500.00	P 06	1,500.00
10/23/2005	Jeffrey T. Smith	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Architect Jeff Smith	250.00	250.00	P 06	250.00
08/25/2005	Something-Moore Inc	□IND □COM 図OTH □PTY □SCC		25.00	105.00	P 0 6	135.00
11/10/2005	South County Bank	□IND □COM ③OTH □PTY □SCC		500.00	500.00	P 06	500.00
SUBTOTAL \$ 2,375.00							

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Type or print in ink. 'Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 160
from07/01/2005	FORM 400
through _12/31/2005	Page 37 of 65
	I.D. NUMBER
	1265511

						1265511			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE * OCCUPATION AND EMPLOYER RECEIVED THIS CALE		CODE * OCCUPATION AND EMPLOYER RECEIVED THIS		Т Т	ELECTION O DATE REQUIRED)		
11/15/2005	William G. Steiner  COM OTH PTY McLaughlin Inc.		100.00	225.00	P 06	225.00			
12/07/2005	Philip G. Steinhauer	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Marketing Consultant Phil Steinhauer	100.00	100.00	P 06	100.00		
12/07/2005	William J. Stevens	⊠IND □COM □OTH □PTY □SCC	Retired None	200.00	300.00	P 06	300.00		
11/15/2005	C. Michael Stockstill	図IND □COM □OTH □PTY □SCC	Consultant Stockstill Communications	100.00	250.00	P 06	250.00		
08/25/2005	Mozelle R. Sukut	□сом □отн	Homemaker None	200.00	200.00	P 06	200.00		
			SUBTOTAL \$	700.00	All Y				

*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OCHEDOLL A (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through <u>12/31/2005</u>	Page 38 of 65
	I.D. NUMBER

NAME OF FILER

Pat Bates for Supervisor

						1265511			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO 1 CALENDAR YE (JAN. 1 - DEC.	٩R	T	ELECTION ODATE EQUIRED)	
10/27/2005	Tel Phil Enterprises, Inc.	□IND □COM 図OTH □PTY □SCC		250.00	37!	5.00	P 06	375.00	
11/15/2005	The Starnes Company	□IND □COM ⊠OTH □PTY □SCC		200.00	20(	0.00	P 06	200.00	
12/07/2005	Robert C. Theel	⊠IND □COM □OTH □PTY □SCC	Executive Metro RGT, Inc.	250.00	400	.00	P 06	400.00	
10/27/2005	Gary Thompson	⊠IND □COM □OTH □PTY □SCC	Ship Repair Dept of Navy	250.00	375	.00	P 06	375.00	
08/16/2005	Towill, Inc.	□IND □COM ③OTH □PTY. □SCC		500.00	750	.00 I	P 06	750.00	
			SUBTOTAL \$	1,450.00					

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PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. *
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 460
from <u>07/01/20</u> 05	FORM 460
through <u>12/31/2005</u>	Page 39 of 65
	I.D. NUMBER

NAME OF FILER

Pat Bates for Supervisor

							1265511		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	_	PER ELECTION TO DATE (IF REQUIRED)		
10/27/2005	Towill, Inc.	□IND □COM 図OTH □PTY □SCC		250.00	750.	00 P0	6 750.00		
10/27/2005	Susan M. Trager	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of Susan M. Trager	250.00	600.	00 P0	6 600.00		
12/07/2005	Susan M. Trager	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of Susan M. Trager	100.00	600.	00 P0	6 600.00		
12/29/2005	Michael L. Trumble	⊠IND □COM □OTH □PTY □SCC	President  Kennedy Pipeline Company	250.00	250.	00 P0	5 250.00		
10/25/2005	Max P. Vahid	СОМ	Eningeer Van Dell & Associates	250.00	250.(	0 P 06	5 250.00		
			SUBTOTAL \$	1,100.00					

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through <u>12/31/2005</u>	Page 40 of 65
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor		ì	MBER 511				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		T	ELECTION ODATE EQUIRED)
10/25/2005	Valley Building Materials	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00			P 06	250.00
08/19/2005	Donna G. Varner	⊠IND □COM □OTH □PTY □SCC	Owner  Perception Public Relations	100.00	325	.00	P 06	325.00
10/27/2005	Donna G. Varner	☑IND □COM □OTH □PTY □SCC	Owner  Perception Public Relations	100.00	325	.00	P 06	325.00
11/15/2005	Robert R. Varo Jr.	⊠IND □COM □OTH □PTY □SCC	Account Executive	100.00	100	.00	P 06	100.00
11/03/2005	Jose Vergara	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Civil Enĝineer	100.00	100	.00	P 06	100.00
			SUBTOTAL \$	650.00				

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PTY - Political Party

SCC – Small Contributor Committee

Type or print in ink. ' Amounts may be rounded

SCHEDULE A (CONT.)

monetary contributions received	to whole dollars.	Statement covers period	CALIFORNIA 400
•		from07/01/2005	FORM 460
		through <u>12/31/2005</u>	Page41_ of65
NAME OF FILER			I.D. NUMBER
Pat Bates for Supervisor			1265511
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						1265511			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)		
08/16/2005	Stephen Wagner	⊠IND □COM □OTH □PTY □SCC	Business Development  CarrierJohnson Company	250.00	250.00	P 06	250.00		
12/30/2005	David A. Walters	⊠IND □COM □OTH □PTY □SCC	President  Monarch Bay Capital	150.00	150.00	P 06	150.00		
12/30/2005	Marian Walters	⊠IND □COM □OTH □PTY □SCC	Council Member City of Laguna Niguel	1,350.00	1,350.00	P 06	1,500.00		
11/03/2005	Sue E. Waltman	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Property Manager Sue Waltman	100.00	100.00	P 06	100.00		
10/27/2005	Judith Ware	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	President  Madison Materials	150.00	650.00	P 06	1,400.00		
			SUBTOTAL \$	2,000.00		<u> </u>			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

•		to whole d		Statement covers period		CALIFOR	NIA ACO
		·		from	07/01/2005	FORM	NIA 460
NAME OF FILER				through	12/31/2005	Page 42	2_ of65
Pat Bates for	Supervisor		•			I.D. NUMBER 1265511	
					· · · · · · · · · · · · · · · · · · ·	<u> </u>	

					1265511							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO E CALENDAR YE (JAN. 1 - DEC. :	R YEAR		YEAR		AR TOD		RELECTION TO DATE REQUIRED)
12/07/2005	Waste Management West/Waste Management Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	250	0.00	P 06	1,250.00				
08/25/2005	Dorothy O. Wedel	☑IND □COM □OTH □PTY □SCC	Retired	35.00	210	00.00	P 06	210.00				
12/07/2005	Dorothy O. Wedel	⊠IND □COM □OTH □PTY □SCC	Retired	50.00	210	0.00	P 06	210.00				
11/13/2005	James Welsh	☑IND □COM □OTH □PTY □SCC	Civil Engineer James Welsh	200.00	200	.00	P 06	200.00				
08/19/2005	Whispering Hills, LLC	□IND □COM 図OTH □PTY. □SCC	•	200.00	200	.00	P 06	200.00				
			SUBTOTAL \$	735.00		L						

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. '

SCHE	וווס	F ∆	(CONT)
SOLIE	LUUL	^	CONL

			Statement covers period  from07/01/2005			CALIFORNIA 460			
			through _12/31/2	005	Page.	43	of 65		
or Supervisor		•							
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE * OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	EAR		R ELECTION TO DATE REQUIRED)		
William R. Mitchell, Inc.	☐IND ☐COM ※OTH ☐PTY ☐SCC		500.00	50	00.00	P 06	500.00		
John S. Williams	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Trustee	250.00	99	50.00	P 06	1,450.00		
Robert B. Wolford	☑IND □COM □OTH □PTY □SCC	Managing Director Hollencrest Capital	100.00	10	00.00	P 06	100.00		
	□IND □COM □OTH □PTY □SCC	· .							
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  William R. Mitchell, Inc.  John S. Williams	TO Whole  OF Supervisor  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  William R. Mitchell, Inc.  William R. Mitchell, Inc.  John S. Williams  ZIND  COM  OTH  PTY  SCC  Robert B. Wolford  NIND  COM  OTH  PTY  SCC	TO Whole dollars.  DOT SUPERVISOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LID. NUMBER)  William R. Mitchell, Inc.  William R. Mitchell, Inc.  John S. Williams  Willi	To whole dollars.    To whole dollars	to whole dollars.    Statement covers period	TO Supervisor    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSOENTERID NAMER)   CONTRIBUTOR CODE   TO COUPATION AND EMPLOYER (IF SUBJECT)   CALENDAR YEAR (IJAN 1- DEC. 31)	TO Supervisor    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSOSMERIO NUMBER)   CONTRIBUTOR CODE   CONTRIBUTOR (IF COMMITTEE ALSOSMERIO NUMBER)   CONTRIBUTOR (IF STEEL NUMBER)   COUPATION AND EMPLOYER (IF STEEL NUM		

SUBTOTAL \$

□сом □отн PTY □scc

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1					SCHEDULE B - PART				
Loans Received	Amo	Staten	nent co	CALIFORN					
Loans Neceived		to whole dollar	rs.		from	07/0	1/2005	FORM	^{IA} 460
		•							
SEE INSTRUCTIONS ON REVERSE					through	12/3	1/2005	Page44	of65
NAME OF FILER					L			I.D. NUMBER	<u> </u>
Pat Bates for Supervisor								1265511	
								1203311	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIV	EN CLOSE	(d) ANDING NCE AT OF THIS	(e) INTEREST PAID THIS	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTION
Patricia Bates		PERIOD		THIS PERIO	DD PE	RIOD	PERIOD	LOAN	TODATE
			-	\$O.	-   \$	,000.00	0.00% RATE	\$	\$0.0
[†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$0.	_		\$	05/01/2004	PER ELECTION
		-			DAT	E DUE		DATE INCURRED	
				PAID					CALENDAR YEAR
				s	\$		%	\$	s
				FORGIVEN	١		RATE		PER ELECTION
to		s	s	s					
TO IND COM OTH PTY SCC					DATI	DUE	,	DATE INCURRED	\$
	,		•	PAID					CALENDAR YEAR
				s	,				
	÷			FORGIVEN	_   '		RATE	\$	PER ELECTION
			_	_					PERELECTION
†□ IND □ COM □ OTH □ PTY □ SCC		-	,	\$	— DATE	DUE	\$	DATE INCURRED	\$
		OUDTOTAL		L	<u> </u>	-	L	I STATE WOODINGED	
		SUBTOTALS \$	0.00	0.	00 \$ 1	000.00	\$ 0.00		
Schedule B Summary							(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)			\$ _		0.00			
Loans paid or forgiven this period     (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.) are also itemized on Sched	ule A.)				0.00	CC	ontributor Codes D – Individual DM – Recipient Co (other than F TH – Other (e.g., l	PTY or SCC)
3. Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.)/ Page, Column A, Line 2.		······································	NET \$ _	(May be a negaliv	0.00 e number)	PT	Y – Political Party C – Small Contrib	

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from07/01/2005	FORM 400
through	Page45 of65
	I.D. NUMBER
	1265511

Payments Made	to whole dollars.				from07/01/2005				CALIFORNIA 4	
•				"						
SEE INSTRUCTIONS ON REVERSE				ti	hrough	12/31/	2005	Page	45 O	<b>s</b> 65
NAME OF FILER										·
Pat Bates for Supervisor								1.D. NUN 126551		
CODES: If one of the following codes accurately describe:	s the payment v	ni may e	nter the code	Otherwise					-	
	MBR membercon	ou may e	nter the code.							
CNS campaign consultants	MTG meetings ar	nd appearan	s ces	RA RF	ND rac	lio airtime ai	nd production	costs		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office exper	nses		S.A		urned contri	butions (ers' salaries			
FIL candidate filing/ballot fees	PET petition circu			TE.	L t.v.	or cable air	time and prod	uction costs		
FND fundraising events	PHO phone banks POL polling and			TR	C car	ndidate trave	I, lodging, and	meals	•	
IND independent expenditure supporting/opposing others (explain)*		Survey rese livery and n	arch nessenger service	TR	S sta	ff/spouse tra	ivel, lodaina, a	and meals		
LEG legal defense	PRO professional	services ()	egal, accounting)	es TS VC	⊢ trai	nsfer betwee	en committees	of the san	ne candid	late/sponsor
LIT campaign literature and mailings	PRT print ads	<b>(</b> -	-g-, coodining)		B info	er registration ormation tec	on nnology costs	(internet, e	-mail)	
NAME AND ADDRESS OF PAYEE						<del>-</del>				<del></del> -
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	•	CODE	OR	DESCRIPT	ION OF	PAYMENT			AMO	UNT PAID
Aliso Niguel Wolverines Football Club		PRT	Γ						AWO	ON I FAID
										1,200.00
								İ		
Betty Presley & Associates, Inc.		PRO.								
			1							200.00
Party D. 1			İ							
Betty Presley & Associates, Inc.		PRO					· · · · · · · · · · · · · · · · · · ·			
										625.00
								1		
* Double 44-4										
* Payments that are contributions or independent expenditures m	ust also be summ	arized on	Schedule D.				SUE	STOTAL \$		.025.00
Schedule E Summary										
Itemized payments made this period. (Include all Schedule F     Unitemized payments made this period of under \$400.)	= subtotals \									
2. Unitemized payments made this period of under \$100	2 000101013.7	*************		•••••••	••••••	•••••		\$	73,9	66.95
3. Total interest paid this period on loans. (Enter-		••••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	•		\$	1	60.51
3. Total interest paid this period on loans. (Enter amount from \$	ocnedule B, Part 1	I, Column	(e).)			••••••	*************	\$		0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. En	ter here and on th	e Summa	ry Page, Colu	mn A, Line (	6.)		TOT	AI ¢		27.46
			-		,			~L J		4 / . 40

(Continuation Sheet)	Type or print Amounts may b	e rounded		Statement covers period	CALIFORN	EDULE E (CONT.)
Payments Made	to whole do	oliars.		from07/01/2005	FORM	¹ 460
SEE INSTRUCTIONS ON REVERSE	•		· •	through12/31/2005	Page 46	of65
Pat Bates for Supervisor					I.D. NUMBER	
CODES: If one of the fall					1265511	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  COTE contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  campaign literature and mailings	MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ises lating survey resear ivery and me		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaried to candidate travel, lodging, a staff/spouse travel, lodging TSF transfer between committee voter registration WEB information technology cost	on costs es roduction costs and meals g, and meals ees of the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR D	ESCRIPTION OF PAYMENT	A	MOUNT PAID
Betty Presley & Associates, Inc.		PRO				750.00
Betty Presley & Associates, Inc.		PRO				2,100.00
Betty Presley & Associates, Inc.		PRO				750.00
Betty Presley & Associates, Inc.		PRO				750.00
Botty Presley & Associates, Inc.		PRO				750.00
Payments that are contributions or independent over a ""	.	,				
Payments that are contributions or independent expenditures must als	so be summarized on S	chedule D.		SI	UBTOTAL \$	5,100.00

Schedule E
(Continuation Sheet)
Payments Made

(Continuation Sheet)	Type or print Amounts may be	e rounded '	•	Statement covers period	CALIFOR	CHEDULE E (CONT.)
Payments Made	to whole do	llars.		from 07/01/2005	FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 12/31/2005	Page	47 of 65
Pat Bates for Supervisor					I.D. NUMBE	R
COREC. II					1265511	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  legal defense  LIT campaign literature and mailings	MISK member coming meetings and office expension petition circul PHO phone banks POL polling and s postage, delir	munications I appearance ses ating urvey resear very and me	es	erwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro TRC candidate travel, lodging, at Staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cost	n costs  duction costs  nd meals , and meals es of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Betty Presley & Associates, Inc.		PRO				750.00
Betty Presley & Associates, Inc.						
		PRO·				750.00
Marilyn Cavanaugh		FND				
						750.00
Marilyn Cavanaugh						
		FND				1,080.00
Esteban Cerutti						
		FND				300.00
Payments that are contributions or independent expenditures must also	he summarized a - C	shadul- D				
	- 10 barrinarized on 5	Criedule D.		SU	BTOTAL \$	3,630.00

(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Star	tement covers period	CALIFORN	11A 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	•			throug	h 12/31/2005	Page48	3 of 65
Pat Bates for Supervisor						1.D. NUMBER 1265511	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearanc ses lating curvey resea	es	RAD r RFD r SAL c TEL t TRC c TRS s TSF tr	describe the payment adio airtime and production eturned contributions ampaign workers' salarie v. or cable airtime and production and artiff/spouse travel, lodging, a staff/spouse travel, lodging ransfer between committed oter registration and formation technology cos	t. on costs s oduction costs and meals g, and meals ees of the same co	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT	-	AMOUNT PAID
CompleteCampaigns.com  CompleteCampaigns.com		OFC					41.25
Comprecedant and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		OFC					15.00
CompleteCampaigns.com		OFC					75.00
Dolce Vita Ristorante		FND					377.25
Frank Fakinos		FND					300.00
* Payments that are contributions or independent expenditures must also	o be summarized on S	Schedule D.			SI	JBTOTAL \$	900 50

Type or print in ink. Amounts may be rounded to whole dollars.  EE INSTRUCTIONS ON REVERSE AME OF FILER Pat Bates for Supervisor				from	Statement covers period   CALIFOR				
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating urvey resear very and me	es	RAD ra RFD re SAL ca TEL t. TRC ca TRS st TSF tr. VOT vo	escribe the payment dio airlime and production turned contributions ampaign workers' salaries, or cable airlime and prandidate travel, lodging, aff/spouse travel, lodging ansfer between committed other registration formation technology cost	on costs  coduction costs and meals g, and meals ees of the sam	ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR D	ESCRIPTION C	DF PAYMENT		AMOUNT PAID		
Federal Express		POS					54.61		
Federal Express		POS					16.96		
Gilliard Blanning Wysocki & Associates		CNS .					5,000.00		
Gilliard Blanning Wysocki & Associates		LIT					3,928.88		
Gilliard Blanning Wysocki & Associates	. 1	CNS					5,000.00		
Payments that are contributions or independent expenditures must als	o be summarized on S	Schedule D.	L		S	UBTOTAL \$	14,000.45		
			T		_		14,000.45		

(Continuation Sheet)	Type or prin	t in ink.					SCHEDULE E (CONT.)		
Daymanta Maria	Amounts may b	e rounded		Stat	ement covers period	CALIFO	CALIFORNIA ACO		
Payments Made	to whole do	ollars.		from	07/01/2005	FOR			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	12/31/2005	Page	50 <b>of</b> 65		
Pat Bates for Supervisor						I.D. NUMB	ER		
						10055			
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  campaign consultants  contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings	MTG meetings and OFC office expension of the PET petition circular PHO phone banks POL polling and sepos postage, deli	d appearance ses lating survey resear	es	RAD ra RFD re SAL ca TEL t.V TRC ca TRS st TSF tra VOT vo	escribe the payment dio airtime and productions atturned contributions ampaign workers' salaries or cable airtime and production and the sampaign workers' salaries or cable airtime and production of cable airtime and production airtime and production airtime to the capture of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of	n costs s oduction costs nd meals , and meals es of the sam	s ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION C			AMOUNT PAID		
Jeanette Krembas									
		FND				İ	250.00		
Paulo Canaulain							230.00		
Paule Consulting, Inc.									
		FND							
(		- 1.2					302.97		
Dealer of the second									
Paule Consulting, Inc.									
		CNS							
							539.28		
Paule Consulting, Inc.									
radic consulting, inc.									
		ava .					4 707 10		
		CNS					4,781.10		
				_					
Paule Consulting, Inc.									
	l	FND					926.70		
		ļ					520.70		
Poymonto that are a silver									
Payments that are contributions or independent expenditures must als	o be summarized on S	chedule D.			CII	BTOTAL \$			
						DIVIAL \$	6,800.05		

Type or print in ink

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	eet)  Amounts may be rounded  to whole dollars.		Sta	Statement covers period  from07/01/2005		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		i-		throug	gh12/31/200	25 Page	51 of 65
Pat Bates for Supervisor						I.D. NUMB 126551	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member common meetings and office expen petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey researd very and me:	S	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and preturned contribut campaign workers t.v. or cable airtim candidate travel, k staff/spouse travel transfer between voter registration	production costs ions s' salaries e and production costs	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ı	CODE (	DR C	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Paule Consulting, Inc.	·	FND					799.37
Paule Consulting, Inc.		CNS ·					589.48
Paule Consulting, Inc.		CNS					918.75
Paule Consulting, Inc.		CNS					847.50
Perception Public Relations		OFC		1			100.00
Payments that are contributions or independent expenditures must als	so be summarized on S	Schedule D.				SUBTOTAL \$	3,255.10

(Continuation Sheet)	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period CALIFO			RNIA ACO
Payments Made ´	to whole go	nars.		from	07/01/2005	FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		-		through_	12/31/2005	Page	52 of 65
Pat Bates for Supervisor						I.D. NUMB 126551	
codes: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MER member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating urvey resear	es	RAD radio RFD return SAL cam TEL t.v. c TRC canc TRS staff TSF trans VOT vote	cribe the payment of airtime and production rined contributions paign workers' salaries or cable airtime and producte travel, lodging, ar /spouse travel, lodging, for between committeer registration mation technology cost	costs duction costs defined meals and meals es of the same	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF F	PAYMENT		AMOUNT PAID
Christopher J. Price		CNS					100.00
Sergio Prince		CNS					5,000.00
Sergio Prince		CNS					5,000.00
Sergio Prince		CNS					5,000.00
Sergio Prince		FND					2,222.44
Payments that are contributions or independent							
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.			SU	BTOTAL \$	17 322 44

Type or print in ink.

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may b to whole do		•	Sta from_	07/01/200	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pat Bates for Supervisor				throu		Page	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CMS campaign consultants  COTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings	MISR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and p returned contribution campaign workers t.v. or cable airtime candidate travel, lo staff/spouse travel, transfer between covoter registration	oroduction costs ons ' salaries e and production costs dging, and meals	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	DR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Sergio Prince		CNS					5,000.00
Sergio Prince		CNS.					5,000.00
Sergio Prince		CNS					5,000.00
Phyllis Schneider							
		LIT					48.49
Phyllis Schneider		CNS					1,000.00
Payments that are contributions or independent expenditures must als	so be summarized on S	chedule D.				SUBTOTAL \$	
						SUDIUIAL \$	16,048.49

SCHEDULE	E	(CONT.
----------	---	--------

(Continuation Sheet) Payments Made	Amounts may b to whole do	e rounded		İ	nent covers period	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				from	12/31/2005	Page	54 of 65
Pat Bates for Supervisor						I.D. NUMB 126551	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  COTE contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications of appearance ses lating curvey resear very and me	s	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran VOT vote	scribe the payment or airtime and production red contributions apaign workers' salaries or cable airtime and producte travel, lodging, are flspouse travel, lodging, sfer between committee or registration remation technology cost	n costs  s s duction costs nd meals , and meals es of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR D	ESCRIPTION OF	PAYMENT		AMOUNT PAID
Phyllis Schneider		FND					243.27
Phyllis Schneider		FND					39.00
Super Dave's Printing		FND					190.72
The Monaco Group							
		FND					559.88
The Monaco Group		LIT					2,290.09
Payments that are contributions or independent expenditures must als	so be summarized on S	chedule D.			SU	BTOTAL \$	3,322.96
						· · · · · · · · · · · · · ·	3,322.96

Schedule E (Continuation Sheet) Payments Made
SEE INSTRUCTIONS ON REVERSE

(Continuation Sheet)	Type or print in ink.  Amounts may be rounded			Statement covers period CALL		SCHEDULE E (CON	
Payments Made	to whole do			from 07/01/2005	CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 12/31/2005	Page	55 <b>of</b> 65	
Pat Bates for Supervisor					I.D. NUME	ER	
CODES: If one of the following and a second					126551	.1	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  campaign consultants  contribution (explain nonmonetary)*  civic donations  Fil. candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  campaign literature and mailings	MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating survey researd ivery and mes	S	RAD radio airtime and product returned contributions SAL campaign workers' salativ. or cable airtime and TRC candidate travel, lodging TSF transfer between communiformation technology of the staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff s	ries production costs , and meals ing, and meals ittees of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
We Do Graphics, Inc.		LIT				1,653.96	
	·						
	·						
Payments that are contributions or independent expenditures must als	o be summarized on S	chedule D.			SUBTOTAL \$		
					PODIOIAL \$	1,653.96	

Schedule F		
<b>Accrued Expenses</b>	(Unpaid Bills	;)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	07/01/2005	FORM 400
through	12/31/2005	Page 56 of 65

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Pat Bates for Supervisor 1265511 CODES: If one of the following code

CVC civic donations FIL candidate filing/ballot fees FND fundraising events	es the payment, you may enter the code. ( MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	Otherwise, describe the payment.  RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TSF transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail)

Betty Presley & Associates, Inc.  PRO  625.00  0.00  625.00  0.00  Betty Presley & Associates, Inc.  PRO  2,100.00  0.00	ummarized on Schedule D.	SUBTOTALS	2,925.00	0.00\$	2,925.00\$	0.00
DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRI	Payments that are contributions or independent		•			
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DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRI	Betty Presley & Associates, Inc.	PRO				
DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  OUTSTANDING BALANCE BEGINNING OF THIS PERIOD  OUTSTANDING BALANCE AT CLOSS OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD			025.00	0.00	625.00	0.00
(IF COMMITTEE, ALSO ENTER ID. NUMBER)  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  OUTSTANDING BALANCE BEGINNING OF THIS PERIOD  THIS PERIOD  AMOUNT INCURRED THIS PERIOD  THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD	Betty Presley & Associates, Inc.	PRO	625.00			
(IF COMMITTEE, ALSO ENTER LD NUMBER)  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  DESCRIPTION OF PAYMENT  OUTSTANDING BALANCE BEGINNING OF THIS PERIOD  THIS PERIOD  AMOUNT INCURRED THIS PERIOD  THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD  OF THIS PERIOD				0.00	200.00	0.00
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE OR  OUTSTANDING  AMOUNT INCURRED  AMOUNT PAID  OUTSTANDING  THIS PERIOD  THIS PERIOD	Betty Presley & Associates, Inc.	PRO	OF THIS PERIOD		(ALSO REPORT ON E)	OF THIS PERIOD
	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OUTSTANDING	AMOUNT INCURRED	AMOUNT PAID	OUTSTANDING

#### **Schedule F Summary**

1	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
2	Total accrued expenses poid this paried (1, 1, 1, 1, 1, 2)

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 

#### Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Type or print in ink. . Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

	SCHEDULE F (CON1.)
Statement covers period	CALIFORNIA 460
from 07/01/2005	FORM 40U
through 12/31/2005	Page 57 of 65
	I.D. NUMBER
	1265511

Pat Bates for Supervisor CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. MBR member communications CNS campaign consultants radio airtime and production costs MTG meetings and appearances contribution (explain nonmonetary)* CTB returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating candidate filing/ballot fees FIL t.v. or cable airtime and production costs PHO phone banks FND fundraising events candidate travel, lodging, and meals POL independent expenditure supporting/opposing others (explain)* polling and survey research ND staff/spouse travel, lodging, and meals postage, delivery and messenger services POS LEG legal defense transfer between committees of the same candidate/sponsor professional services (legal, accounting) PRO campaign literature and mailings voter registration PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

	·	C 5.			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Marilyn Cavanaugh	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	FND	0.00	225.00	0.00	225.00
					è
Paule Consulting, Inc.	CNS	539.28	0.00	539.28	0.00
Paule Consulting, Inc.	CNS	4,781.10	0.00	4,781.10	0.00
Paule Consulting, Inc.	FND	302.97	0.00	302.97	0.00
		·			
	SUBTOTALS \$	5,623.35	225.00 \$	5,623.35	225.00

#### Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA 460
from _ 07/01/2005	FORM 40U
through 12/31/2005	Page 58 of 65
	I.D. NUMBER
	1265511

Pat Bates for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CTB CVC civic donations PET candidate filing/ballot fees FIL PHO phone banks FND fundraising events POL **IND** POS

independent expenditure supporting/opposing others (explain)* legal defense

LIT campaign literature and mailings

NAME OF FILER

MBR member communications RAD MTG meetings and appearances

OFC office expenses petition circulating

polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads radio airtime and production costs

returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs

candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Sergio Prince	OFC	0.00	630.73	0.00	630.73
					030.73
The Monaco Group	FND	559.88	0.00	559.88	0.00
			·		
The St. Regis Monarch Beach	FND	4,763.35	-1,750.33	0.00	3,013.02
We Do Graphics, Inc.	LIT	1,653.96	0.00	1,653.96	0.00
	SUBTOTALS \$	6,977.19	-1,119.60 \$	2,213.84	3,643.75

Schedule G	
Payments M	lade by an Agent or Independent
Contractor	on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers perio	CALIFORNIA	460
om07/01/2005	CALIFORNIA FORM	40U

SCHEDULE G

(	from07/01/2005	FORM	700
SEE INSTRUCTIONS ON REVERSE	through12/31/2005	<b>Page</b> 59	of ⁶⁵
NAME OF FILER		Page59	of
Pat Bates for Supervisor		I.D. NUMBER	
		1265511	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Gilliard Blanning Wysocki & Associates	•		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* RFD returned contributions office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees РНО phone banks candidate travel, lodging, and meats FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)*

independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

FOL polling and survey research
PRO postage, delivery and messenger services professional services (legal, accounting)
PRO professional services (legal, accounting)
PRO print ads

FOL polling and survey research
PRO postage, delivery and messenger services professional services (legal, accounting)
FRO professional services (legal, accounting)
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	
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TOTAL* \$

3,923.88

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G	
Payments Made by an	Agent or Independent
Contractor (on Behalf	of This Committee)

Type or print in ink. Amounts may be rounded

	SCHEDULE G
Statement covers period from07/01/2005	CALIFORNIA 460

Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2005	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/2005	Page 60 of 65
Pat Bates for Supervisor  NAME OF AGENT OR INDEPENDENT CONTRACTOR			i.D. NUMBER 1265511
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	therwise, describe the paymen  RAD radio airtime and production  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production  TRC candidate travel, lodging, and	costs
independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  *Payments that are contributions or independent expenditures must al	POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	TRS staff/spouse travel, lodging,	and meals s of the same candidate/sponsor

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not transfer to any other sehedula and all a				TOTAL* \$	250.0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G	
Payments Made by an Agent or Independen	t
Contractor (on Behalf of This Committee)	

Type or print in ink.

			CHEDULE G
State	ment covers period	CALIFORNIA	460
rom	07/01/2005	FORM	460
	20/02/22		

WEB information technology costs (internet, e-mail)

Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	from 07/01/2005	FORM 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Pat Bates for Supervisor		through <u>12/31/2005</u>	Page 61 of 65
NAME OF AGENT OR INDEPENDENT CONTRACTOR Paule Consulting, Inc.	. •		1265511
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	costs fuction costs fineals and meals s of the same candidate/sponsor

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	
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tach additional information on appropriately labeled continuation sh	eets.		TOTAL* ¢

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL* \$

798.56

Schedule G	
Payments M	lade by an Agent or Independent
Contractor (	on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded

		SCHEDULE G
State	ment covers period 07/01/2005	CALIFORNIA 460

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2005	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/2005	Page62 of65
Pat Bates for Supervisor  NAME OF AGENT OR INDEPENDENT CONTRACTOR Paule Consulting, Inc.			1.D. NUMBER 1265511
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MTS meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging.	costs  Juction costs Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  Jucals  J

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TOTAL* \$

604.96

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G	
Payments M	lade by an Agent or Independent
Contractor (	on Behalf of This Committee)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
om07/01/2005	FORM +OU

Page _

63_ of_

65

through <u>12/31/2005</u>

Pat Bates for Supervisor		I.D. NUMBER 1265511
NAME OF AGENT OR INDEPENDENT CONTRACTOR  Perception Public Relations  CODES: If one of the following codes convertely described	•	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	herwise, describe the payment.  RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)

it expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	QR	DESCRIPTION OF PAYMENT		MOUNT DAG
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^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

#### Schedule G Payments Made by an Agent or Ind.

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Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period  from07/01/2005	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	•	through 12/31/2005	Page64 of65
Pat Bates for Supervisor			I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR Sergio Prince			1265511

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc.

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses PET petition circulating

phone banks

polling and survey research postage, delivery and messenger services professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL* \$

2,676.91

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink. Amounts may be rounded to whole dollars.

CALL			CHEDULE
State	ment covers period 07/01/2005	CALIFORNIA FORM	460

NAME OF FILER Pat Bates for Supervisor  NAME OF AGENT OR INDEPENDENT CONTRACTOR Phyllis Schneider  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the CMP campaign paraphernalia/misc.  MRP members are supervisor.	I OKW
NAME OF AGENT OR INDEPENDENT CONTRACTOR Phyllis Schneider	2005 Page 65 of 65
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other in the	I.D. NUMBER 1265511
contribution (explain nonmonetary)*  CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign consultants  MTG meetings and appearances OFC office expenses SAL campaign worke petition circulating FND phone banks POD polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)  NTG meetings and appearances OFC office expenses SAL campaign worke petition circulating FND postage, delivery and messenger services PRO professional services (legal, accounting)  NTG returned contrib returned contrib returned contrib returned contrib returned contrib returned contrib returned contrib	production costs utions rs' salaries ne and production costs lodging, and meals el, lodging, and meals committees of the same candidate/spansor

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE	OR	DESCRIPTION OF THE	
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TOTAL* \$

116.38

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.